

B 25C (Official Form 25C) (12/08)

## UNITED STATES BANKRUPTCY COURT

In re Pilgrim Medical Center

Debtor

Case No. 16-15414

Small Business Case under Chapter 11

### SMALL BUSINESS MONTHLY OPERATING REPORT

Month: November, 2016

Date filed: 06/19/2017

Line of Business: Medical Services

NAISC Code: \_\_\_\_\_

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

#### RESPONSIBLE PARTY:



Original Signature of Responsible Party

Nicholas V. Campanella, MD

Printed Name of Responsible Party

#### Questionnaire: (All questions to be answered on behalf of the debtor.)

- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

### INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

**TOTAL INCOME** \$ 162,560.26

### SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 55,863.30

Cash on Hand at End of Month \$ 2,183.76

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 2,183.76

(Exhibit B)

### EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

**TOTAL EXPENSES** \$ 162,083.00

(Exhibit C)

### CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 162,560.26

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ 162,083.00

(Subtract Line C from Line B)

**CASH PROFIT FOR THE MONTH** \$ 477.26

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### UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ \_\_\_\_\_

*(Exhibit D)*

### MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ \_\_\_\_\_

*(Exhibit E)*

### BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

*(Exhibit F)*

### EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	21
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	20

### PROFESSIONAL FEES

#### *BANKRUPTCY RELATED:*

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 0.00
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 69,375.00
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#### *NON-BANKRUPTCY RELATED:*

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 0.00
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 18,880.40
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### PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 158,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 157,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 1,000.00

### ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

12:20 PM  
06/17/17  
Cash Basis

**PILGRIM MEDICAL CENTER INC**  
**Profit & Loss**  
**November 2016**

	<u>Nov 16</u>
Ordinary Income/Expense	
Income	
Fee for Service Income	<u>162,560.26</u>
Total Income	<u>162,560.26</u>
Gross Profit	162,560.26
Expense	
Building Maint.	1,062.05
Credit Card Expenses	309.72
Insurance Expense	6,566.45
Licenses and Permits	1,050.00
Management Fees	2,860.70
Payroll Fees	171.00
Payroll Taxes	10,259.03
Petty Cash	1,500.00
Salaries and Wages	136,804.05
Security Expenses	<u>1,500.00</u>
Total Expense	<u>162,083.00</u>
Net Ordinary Income	<u>477.26</u>
Net Income	<u><u>477.26</u></u>

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06/19/17

Cash Basis

**PILGRIM MEDICAL CENTER INC**  
**Transactions by Account**

As of November 30, 2016

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
<b>TD Bank-9126 Debtor In Possessi</b>								
Deposit	11/07/2016				Self Pay	891.00		3,218.20
Deposit	11/07/2016				Self Pay	682.00		4,109.20
Deposit	11/07/2016				Self Pay	607.00		4,791.20
Deposit	11/14/2016				Self Pay	758.00		5,398.20
Deposit	11/14/2016				Self Pay	655.00		6,156.20
Deposit	11/14/2016				Self Pay	332.00		6,811.20
Check	11/14/2016	1037		MARIE CAMPANEL...	Draw		5,000.00	7,143.20
Deposit	11/17/2016				Self Pay	244.00		2,143.20
Deposit	11/17/2016				Self Pay	221.00		2,387.20
Deposit	11/21/2016				Self Pay	1,351.00		2,608.20
Deposit	11/21/2016				Self Pay	609.00		3,959.20
Check	11/28/2016	1036		PILGRIM MEDICAL	Exchange		4,400.00	4,568.20
Deposit	11/30/2016				Self Pay	722.00		168.20
Total TD Bank-9126 Debtor In Possessi						7,072.00	9,400.00	890.20
<b>Valley National Bank</b>								
Deposit	11/01/2016				Credit Card	863.20		52,645.10
Deposit	11/01/2016				-SPLIT-	8,034.44		53,508.30
General Journal	11/02/2016		*	PAYROLL	Office Work		46,871.81	61,542.74
Deposit	11/02/2016				Credit Card	1,664.00		14,670.93
Check	11/02/2016	D.M.		MONTCLAIR SUR...	Loan Receiv...		294.00	16,334.93
Deposit	11/02/2016				Credit Card	156.00		16,040.93
Check	11/02/2016	1201		New Jersey Depart...	Licenses and ...		250.00	16,196.93
Deposit	11/04/2016				Unisys	10,128.00		15,946.93
Deposit	11/04/2016				Credit Card	2,184.00		26,074.93
Deposit	11/05/2016				Credit Card	613.60		28,258.93
Check	11/07/2016	D.M.		United Healthcare	Medicare Pre...		357.16	28,872.53
Check	11/07/2016	D.M.		United Healthcare A...	Medicare Pre...		65.80	28,515.37
Deposit	11/09/2016				Credit Card	1,996.80		28,449.57
Check	11/09/2016	1200		NJ DEPT OF HEAL...	Licenses and ...		800.00	30,446.37
Deposit	11/10/2016				Unisys	14,856.00		29,646.37
Deposit	11/10/2016				Credit Card	2,068.60		44,502.37
Check	11/10/2016	1194		Town of Montclair	Security Expen...		300.00	46,571.97
Deposit	11/11/2016				Credit Card	1,372.80		46,271.97
Deposit	11/11/2016				Credit Card	312.00		47,644.77
Deposit	11/12/2016				Credit Card	665.60		47,956.77
Deposit	11/12/2016				Credit Card	478.40		48,622.37
Deposit	11/14/2016				Advances to P...	5,000.00		49,100.77
Check	11/14/2016	D.M.		MONTCLAIR PHYS...	Loan Receiv ...		263.20	54,100.77
Check	11/14/2016	D.M.		ADP Payroll Fees	Payroll Fees		121.00	53,837.57
Deposit	11/16/2016				Credit Card	769.60		53,716.57
General Journal	11/16/2016		*	PAYROLL	Office Work		47,098.28	54,486.17
Deposit	11/16/2016				Credit Card	1,030.64		7,387.89
Check	11/16/2016	1193		Town of Montclair	Security Expen...		300.00	8,418.53
General Journal	11/17/2016		*	PAYROLL	-SPLIT-		2,058.66	8,118.53
Deposit	11/17/2016				Insurance Pay...	2,000.00		6,059.87
Deposit	11/18/2016				Insurance Pay...	1,850.00		8,059.87
Deposit	11/18/2016				Unisys	13,266.00		9,909.87
Deposit	11/18/2016				Credit Card	1,128.40		23,175.87
Check	11/18/2016	D.M.		PHOENIX HEALTH ...	Advances to P...		5,000.00	24,304.27
Check	11/18/2016	D.M.		Pilgrim Gynecology ...	Insurance Pay...		401.54	19,304.27
Deposit	11/18/2016				Credit Card	15.60		18,902.73
Deposit	11/19/2016				Credit Card	905.00		18,918.33
Deposit	11/19/2016				Credit Card	72.80		19,823.33
Check	11/21/2016	D.M.		CMS Medicare	Medicare Pre...		389.80	19,896.13
Check	11/21/2016	D.M.		CMS Medicare	Medicare Pre...		462.70	19,508.33
Check	11/21/2016	1203		PETTY CASH	Petty Cash		1,500.00	19,043.63
Deposit	11/22/2016				Insurance Pay...	100.94		17,543.63
Deposit	11/22/2016				Credit Card	2,594.80		17,644.57
Deposit	11/23/2016				Credit Card	520.00		20,239.37
Deposit	11/25/2016				Unisys	12,018.00		20,759.37
Check	11/25/2016	D.M.		ADP Payroll Fees	Payroll Fees		50.00	32,777.37
Deposit	11/28/2016				Credit Card	3,494.60		32,727.37
Check	11/28/2016	1197		Town of Montclair	Security Expen...		300.00	36,221.97
Deposit	11/28/2016				Insurance Pay...	2,000.00		35,921.97
Deposit	11/28/2016				Insurance Pay...	4,550.00		37,921.97
Check	11/28/2016	D.M.		MONTCLAIR PHYS...	Loan Receiv ...		284.80	42,471.97
Check	11/28/2016	D.M.		MONTCLAIR PHYS...	Loan Receiv ...		515.00	42,187.17
Check	11/28/2016	1195		Town of Montclair	Security Expen...		300.00	41,672.17
Deposit	11/28/2016				Exchange	4,400.00		45,772.17
Deposit	11/29/2016				Insurance Pay...	572.78		46,344.95
Deposit	11/29/2016				Insurance Pay...	782.00		47,126.95
Deposit	11/29/2016				Credit Card	478.60		47,605.55
Deposit	11/29/2016				Loan Receiv ...	2,000.00		49,605.55
General Journal	11/30/2016		*	PAYROLL	Office Work		46,294.27	3,311.28
Check	11/30/2016	1196		Town of Montclair	Security Expen...		300.00	3,011.28
Check	11/30/2016	D.M.		MONTCLAIR SUR...	Loan Receiv...		753.60	2,257.68

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06/19/17

Cash Basis

**PILGRIM MEDICAL CENTER INC**  
**Transactions by Account**  
 As of November 30, 2016

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
Check	11/30/2016	D.M.		MONTCLAIR PHYS...	Loan Receiv -...		2,000.00	257.68
Deposit	11/30/2016				Unisys	15,432.00		15,689.68
Check	11/30/2016	D.M.		BANKCARD MTOT ...	Credit Card Ex...		309.72	15,379.96
Check	11/30/2016	D.M.		PHOENIX HEALTH ...	Advances to P...		16,000.00	-620.04
Deposit	11/30/2016				Credit Card	1,913.60		1,293.56
Total Valley National Bank						122,289.80	173,641.34	1,293.56
<b>TOTAL</b>						<b>129,361.80</b>	<b>183,041.34</b>	<b>2,183.76</b>



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STATEMENT OF ACCOUNT

PILGRIM MEDICAL CENTER INC  
DIP CASE 16-15414 DIST NJ  
393 BLOOMFIELD AVE  
MONTCLAIR NJ 07042-3505

Page: 1 of 2  
Statement Period: Nov 01 2016-Nov 30 2016  
Cust Ref #:  
Primary Account #:

**Chapter 11 Checking**

PILGRIM MEDICAL CENTER INC  
DIP CASE 16-15414 DIST NJ

Account #

**ACCOUNT SUMMARY**

Beginning Balance	3,218.20	Average Collected Balance	3,666.83
Deposits	6,350.00	Annual Percentage Yield Earned	0.00%
		Days In Period	30
Checks Paid	9,400.00		
Ending Balance	168.20		

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees (NSF)	\$0.00	\$35.00

**DAILY ACCOUNT ACTIVITY**

**Deposits**

POSTING DATE	DESCRIPTION	AMOUNT
11/3	DEPOSIT	891.00
11/7	DEPOSIT	682.00
11/7	DEPOSIT	607.00
11/14	DEPOSIT	758.00
11/14	DEPOSIT	655.00
11/14	DEPOSIT	332.00
11/17	DEPOSIT	244.00
11/17	DEPOSIT	221.00
11/21	DEPOSIT	1,351.00
11/21	DEPOSIT	609.00
Subtotal:		6,350.00

**Checks Paid**

No. Checks: 2

\*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT
11/14	1033	5,000.00
11/28	1036*	4,400.00
Subtotal:		9,400.00

**DAILY BALANCE SUMMARY**

DATE	BALANCE	DATE	BALANCE
10/31	3,218.20	11/17	2,608.20
11/3	4,109.20	11/21	4,568.20
11/7	5,398.20	11/28	168.20
11/14	2,143.20		

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to [www.tdbank.com](http://www.tdbank.com)



# How to Balance your Account

Page: 2 of 2

**Begin by adjusting your account register as follows:**

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

<b>1</b>	Ending Balance	168.20
<b>2</b>	Total Deposits	+
<b>3</b>	Sub Total	
<b>4</b>	Total Withdrawals	-
<b>5</b>	Adjusted Balance	

<b>2</b>	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		<b>2</b>

<b>4</b>	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		<b>4</b>

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		<b>4</b>

## FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

## INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

## FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

**FINANCE CHARGES:** Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted, plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



PILGRIM MEDICAL CENTER INC  
393 BLOOMFIELD AVE  
MONTCLAIR NJ 07042-3741

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Page: 1  
Chks Paid: 6  
Statement Date: 11/30/16  
Account Number:

\*\*\*\*\* BusinessCHECKING 300  
Non-Check Transactions

\*\*\*\*\*

Date	Description	Amount
11/01	HORIZON TDU ACH PT ID: ACH010009975637	2,880.96
11/01	ADP EEPAY/GARNWC EEPAY/GARN ID: 929500994973GH8	318.22-
11/01	ADP Tax/401k Tax/401k ID: RZGH8 110214A01	14,451.30-
11/01	ADP EEPAY/GARNWC EEPAY/GARN ID: 929500994972GH8	32,102.29-
11/01	TRANSFER TO CK XXXXXXXX9705	1,392.40-
11/02	BANKCARD BTOT DEP ID: 543469430101030	863.20
11/02	BANKCARD MTOT DISC ID: 543469430101030	373.62-
11/02	TRANSFER TO CK XXXXXXXX9705	294.00-
11/03	BANKCARD MTOT DEP ID: 543469430101030	1,820.00 ✓
11/04	HORIZON TDU ACH PT ID: ACH010009990940	1,761.25
11/04	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG932754	10,128.00 ✓
11/07	UnitedHCMedicare MedInsPymt ID: 0166626911	65.80-
11/07	UnitedHealthcare PREMIUM ID: 3184949601	357.16-
11/07	BANKCARD MTOT DEP ID: 543469430101030	884.00
11/07	BANKCARD BTOT DEP ID: 543469430101030	2,184.00 ✓
11/08	HORIZON TDU ACH PT ID: ACH010010013574	750.00
11/08	HORIZON TDU ACH PT ID: ACH010010006015	1,000.00
11/08	BANKCARD BTOT DEP ID: 543469430101030	270.40-

1664 + 156 → 1,820.00 ✓

884.00 < 270.40 = 613.60

REFUND

(A) 884.00

(A) 270.40-



PILGRIM MEDICAL CENTER INC  
393 BLOOMFIELD AVE  
MONTCLAIR NJ 07042-3741

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Page: 2

Statement Date: 11/30/16  
Account Number:

\*\*\*\*\* BusinessCHECKING 300  
Non-Check Transactions

1 \*\*\*\*\*

Date	Description	Amount
11/10	HORIZON TDU ACH PT ID: ACH010010020867	900.00
11/10	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG937228	14,856.00 ✓
11/10	BANKCARD BTOT DEP ID: 543469430101030	1,996.80 ✓
11/14	TRANSFER TO CK XXXXXXXX9713	263.20 ✓
11/14	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 5476301	121.00 ✓
11/14	BANKCARD BTOT DEP ID: 543469430101030	665.60 ✓
11/14	BANKCARD BTOT DEP ID: 543469430101030	1,372.80 ✓
11/14	BANKCARD BTOT DEP ID: 543469430101030	2,069.60 ✓
11/14	TRANSFER FRM CK XXXXXXXX9640	5,000.00 ✓
11/15	HORIZON TDU ACH PT ID: ACH010010043394	3,623.19 ✓
11/15	BANKCARD BTOT DEP ID: 543469430101030	790.40 ✓
11/15	ADP EEPAY/GARNWC EEPAY/GARN ID: 719066206833GH8	319.24 ✓
11/15	ADP Tax/401k Tax/401k ID: RZGH8 111615A01	14,686.30 ✓
11/15	ADP EEPAY/GARNWC EEPAY/GARN ID: 719066206833GH8	32,092.74 ✓
11/16	BANKCARD BTOT DEP ID: 543469430101030	769.60 ✓
11/17	HORIZON TDU ACH PT ID: ACH010010058150	2,000.00 ✓
11/17	BANKCARD BTOT DEP ID: 543469430101030	1,030.64 ✓
11/18	HORIZON TDU ACH PT ID: ACH010010065376	1,850.00 ✓

Handwritten notes and circled items:

- Circle around 11/14 ADP PAYROLL FEES ADP - FEES with handwritten: +478.40 11/14
- Circle around 11/14 BANKCARD BTOT DEP with handwritten: +312.00 11/14
- Circle around 11/15 BANKCARD BTOT DEP with handwritten: 790.40
- Circle around 11/15 ADP EEPAY/GARNWC EEPAY/GARN with handwritten: 1144-
- Circle around 11/15 ADP Tax/401k Tax/401k with handwritten: 1684.80

(c) Valley National Bank. Member FDIC. Equal Opportunity Lender.



PILGRIM MEDICAL CENTER INC  
393 BLOOMFIELD AVE  
MONTCLAIR NJ 07042-3741

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Statement Date: 11/30/16  
Account Number:

\*\*\*\*\* BusinessCHECKING 300  
Non-Check Transactions

\*\*\*\*\*

Date	Description	Amount
11/18	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG941916	13,266.00 ✓
11/18	ADP EEPAY/GARNWC EEPAY/GARN ID: 190046336498GH8	38.19- ✓
11/18	ADP Tax/401k Tax/401k ID: R2GH8 111708A01	2,020.47- ✓
11/18	TRANSFER TO CK XXXXXXXX9640	5,000.00- ✓
11/18	TRANSFER TO CK XXXXXXXX9659	401.54- ✓
11/21	CMS MEDICARE PREMIUMS ID: 0000	389.80- ✓
11/21	CMS MEDICARE PREMIUMS ID: 0000	462.70- ✓
11/21	BANKCARD BTOT DEP ID: 543469430101030	977.80-11-19 ✓
11/21	BANKCARD BTOT DEP ID: 543469430101030	1,144.00-11-19 ✓
11/22	HORIZON TDU ACH PT ID: ACH010010082848	100.94 ✓
11/23	BANKCARD MTOT DEP ID: 543469430101030	2,594.80 ✓
11/25	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG946340	12,018.00 ✓
11/25	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 6134725	50.00- ✓
11/25	BANKCARD BTOT DEP ID: 543469430101030	520.00 ✓
11/28	TRANSFER TO CK XXXXXXXX9713	284.80- ✓
11/28	TRANSFER TO CK XXXXXXXX9713	515.00- ✓
11/28	HORIZON TDU ACH PT ID: ACH010010110481	2,000.00 ✓
11/28	HORIZON TDU ACH PT ID: ACH010010102793	4,550.00 ✓
11/28	BANKCARD BTOT DEP ID: 543469430101030	3,494.60 ✓

7480  
1560



PILGRIM MEDICAL CENTER INC  
393 BLOOMFIELD AVE  
MONTCLAIR NJ 07042-3741

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Statement Date: 11/30/16  
Account Number:

\*\*\*\*\* BusinessCHECKING 300

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Non-Check Transactions

Date	Description	Amount
11/28	Deposit	4,400.00
11/29	HORIZON TDU ACH PT ID: ACH010010118077	572.78
11/29	HORIZON TDU ACH PT ID: ACH010010124937	782.00
11/29	ADP EEPAY/GARNWC EEPAY/GARN ID: 925501509840GH8	315.72
11/29	ADP EEPAY/GARNWC EEPAY/GARN ID: 925501509839GH8	31,679.77
11/29	TRANSFER FRM CK XXXXXXXXX9713	2,000.00
11/30	BANKCARD BTOT DEP ID: 543469430101030	478.60
11/30	ADP Tax/401k Tax/401k ID: RZGH8 113016A01	14,298.78

Checks in Order

Date	Number	Amount	Date	Number	Amount
11/16	1193	300.00		*	
11/10	1194	300.00	11/09	1200	800.00
11/28	1195	300.00		*	
11/30	1196	300.00	11/21	1203	1,500.00

(\*) Check Number Missing or Check Converted to Electronic Transaction and Listed Under Non-Check Transactions

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
10/31	51,530.16	11/09	23,376.38	11/21	17,793.63
11/01	6,146.91	11/10	40,829.18	11/22	17,894.57
11/02	6,342.49	11/14	49,552.98	11/23	20,489.37
11/03	8,162.49	11/15	6,868.29	11/25	32,977.37
11/04	20,051.74	11/16	7,337.89	11/28	46,322.17
11/07	22,696.78	11/17	10,368.53	11/29	17,681.46
11/08	24,176.38	11/18	18,024.33	11/30	3,561.28



PILGRIM MEDICAL CENTER INC  
393 BLOOMFIELD AVE  
MONTCLAIR NJ 07042-3741

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Statement Date: 11/30/16  
Account Number:

\*\*\*\*\* BusinessCHECKING 300

\*\*\*\*\*

Account Summary

Previous Statement Date: 10/31/16

Beginning		Interest		Service		Ending		
Balance	+	Deposits	+	Paid -	Withdrawals -	Charge	=	Balance
51,530.16		108,095.56		.00	156,064.44	.00		3,561.28

Statement from 11/01/16 Thru 11/30/16

YTD Interest Paid .00

Enjoy the next holiday season, with a Holiday Club Savings Account. It's a great way to help you budget and keep you on track. Open a Holiday Club Savings Account for \$20 or higher and receive a gift absolutely free! Visit a branch or call 24/7 at 800-522-4100 for details.

